Art. XV.—*Beiträge zur Medizin, Chirurgie, und Ophthalmologie.* Von Chr. Conr. Wuth, Dr. Med., Chirurgiæ et Artis Obstetriciæ, praktischem Arzte, etc. in Hanover. Mit abbildungen. 8vo: pp. 134. Berlin, 1844.

Contributions to Medicine, Surgery, and Ophthalmology. By Chr. Conr. Wuth, Doctor of Medicine, Surgery, and the Obstetric Art, &c. With plates.

The contributions of Dr. Wuth consist in a number of short, but in general, very sensible observations, upon various points of pathology and practice, together with the history of several cases of disease treated by the author; these latter indeed constitute the most interesting portion of the work. We shall present to our readers an abstract of a few of them.

The following five cases are presented under the head of *Amaurosis.*

1. A female, resident in Hanover, 27 years of age, had an encysted tumour of the size of a pigeon's egg, situated upon the right supra-orbital region, immediately beneath the eyebrow. The tumour had commenced to form many years previously to our seeing the patient—it had gradually increased in size, and was at intervals, painful. At first, she had suffered from a periodical amblyopia, during which the pain was experienced, and as the pain ceased, the sight was again restored. Gradually a complete amaurosis ensued, at first periodically, but at length permanently. For some time, the severe paroxysms of pain had ceased to occur, but a troublesome sensation was still experienced at the same intervals at which the pain formerly occurred. The tumour was extirpated, which was found to have formed an adhesion with the supra-orbitary nerve, its separation from which was attended with considerable pain. The nerve, as well as the parts in its neighbourhood, were reddened and in a state of hypertrophy. The edges of the wound were drawn together, and held by portions of adhesive plaster and a compress of charpie: it quickly healed, and at the end of seven weeks the sight of the patient was again permanently restored.

2. A lad, 7 years old, of Great Goltern, was suddenly, without previous indications of disease, seized with convulsions, which were followed by amaurosis and deafness. These affections had existed for six months before the patient came under our treatment. The patient could not stand firmly upon his feet, and in walking staggered from side to side—he stared fixedly before him, although he was unable to distinguish any object. There was an appearance of stupidity in his countenance. The lad slept much; the other functions, however, were not perceptibly disturbed. Believing that an effusion had taken place into the ventricles of the brain and in the spine, a combination of calomel and digitalis was administered, leeches were applied to the head and behind the ears, and a blister was put on the back of the neck, which was kept open by an irritating salve. Under this treatment, at the end of nine weeks, the deafness was removed, the walk of the patient was somewhat improved, and he could distinguish any large object. An attack of convulsions again occurred. The spine was now examined according to Copland's plan, and when by this we had discovered a suspicious spot, pressure was made upon it with the fingers. In the neighbourhood of the second dorsal vertebra we found the spine painful upon pressure; and each time the pressure was applied a highly interesting phenomenon took place—the contraction, namely, of the iris. By making alternately more or less pressure upon the painful vertebra we were able to produce an actual oscillatory motion of the iris. Pressure upon the spine produced, also, a spasmodic tremor of the limbs which, by an increase of the pressure, was increased to actual convulsions. As these symptoms seemed to indicate a local irritation of the spinal marrow, the influence of which was extended to the organ of vision, leeches and cups were first applied in the neighbourhood of the second dorsal vertebra, and afterwards issues were formed at this part, and every tenth day, a small moxa was resorted to. At the end of nine months the patient was so far improved that he could clearly distinguish objects presented before him; it was observed, however, that he looked at them sideways; both eyes being in this manner directed to the same point, no actual squinting occurred. Pressure upon the spine was now unattended with pain and gave rise to no convulsive movements. Galvanism, with acupuncture, was now resorted to. The galvanic current was directed alternately from one side to the other, and from the upper

to the lower portion of the affected portion of the spine. However gently the galvanism was applied the patient obstinately refused to submit to its continuance; we attempted, therefore, a still milder method of applying it: small hollow balls of silver and of copper were laid upon the issue formed on each side of the spine, and connected by means of plates of zinc. At intervals, however, the balls were exchanged for peas. At the same time digitalis and arnica were administered internally, and every eight days a purge of calomel and jalap.

After this treatment had been continued for three months, the distortion of vision became somewhat lessened, though the sight was still feeble.

It was suspected that some chronic affection of the spinal marrow or of the ventricles of the brain still continued to exist, perhaps an exudation of lymph which had become organized. At the end of a year the patient exhibited no further improvement.

3. A labouring man, 45 years of age, residing in Hanover, was brought to us for our examination. He represented himself as blind of both eyes, and begged us to tell him candidly, before we placed him under treatment, whether there was any hope of his sight being again restored.

The patient stared at us with eyes wide open, as amaurotics are accustomed to do. Upon a closer inspection of the eyes, we found the conjunctiva of the bulb slightly reddened, a considerable development of blood-vessels upon the sclerotica, and a dilatation of the pupil—no contraction of which took place when the eyes were exposed to a ray of light. The patient was unable to distinguish day from night. On examining the eye with a magnifying glass, a number of spots were observed here and there at the bottom of the inner chamber, which had the appearance of being prominent. The patient did not complain of actual pain but of a sense of tension in the globe of the eye, as though it had become enlarged. He stated that often, towards evening, he experienced flashes of light like lightning which were attended with a sense of heat within the eye. Occasionally the patient complained of a compressive pain of the head, which finally seated itself in the supra-orbitary region; he was frequently, also, tormented with a singing in the ears, which continued, sometimes, without intermission for the whole day, and was attended with a dullness of hearing. The pulsations of the carotid and temporal arteries exhibited a peculiar hardness, while those of the radial artery were proportionably soft.

The patient had a luxuriant head of brown hair; his complexion was somewhat dark; his cheeks were red, and the temperature of his head was increased. He had a short neck, broad shoulders, and well developed, though somewhat flaccid muscles. In the epigastric region a morbid pulsation was detected. His appetite was excellent, but his bowels were costive and stools were only obtained by the use of purgatives. The patient suffered constantly, even when warmly covered in bed, from cold feet.

The pupil of the left eye was distorted; its inner edge adhering by means of a small filamentous process to a cicatrix on the cornea.

Very often, particularly in the night time, the patient experienced acute pains in his limbs.

Previous to the occurrence of his blindness the patient was employed in cleansing out the city ditches, and was obliged often to work all day long standing in the water up to his middle; at the same time he was habituated to the use of large quantities of ardent spirits daily. His sight at first became impaired, and gradually was lost entirely, notwithstanding all the remedies he had employed.

It was considered that the patient laboured under a congestive condition of the brain, which also implicated the organ of vision. The condition of the left eye was supposed to indicate a chronic rheumatic iritis which had produced a hypopyon and adhesion of the iris. The projecting lines observed at the bottom of the eye were evidently the indications of a varicose condition of the chorioid coat; while the occasional tensive pain of the eye was presumed to be rheumatic, and the sense of fullness experienced in the organ the result of a congestive condition of its vessels.

The indications of cure were determined to be first, to overcome the congestion of the brain, and secondly, to remove the rheumatic symptoms.

Eighteen ounces of blood were drawn from the arm, cups were repeatedly ap-

plied to the back of the neck, stimulating pediluvia were resorted to, and, inwardly, a solution of sulphate of magnesia with tartar emetic in divided doses; the patient being at the same time put upon a spare and restricted diet.

After several weeks continuance of this plan of treatment, the congestion in the head was diminished, and the patient began to distinguish between day and night. The same treatment was still continued, with the addition of cold douches, and a seton in the neck which was allowed to remain for three months. The power of vision gradually improved; the rheumatic pains of the extremities, however, returned with increased severity. The limbs were, therefore, enveloped in undressed wool and the patient was directed to take fifteen drops, three times a day, in a draught of elder tea, of the following: ℞.—Tinct. colchici c sem., ʒss; hydr. muriat. corros., gr. j.—M. The dose of this was gradually augmented to twenty-five drops, three times a day. After continuing the mixture for some time the patient became affected with diarrhœa in consequence of which a portion of tinct. opii was added to each dose.

Notwithstanding under this treatment all symptoms of congestion and of rheumatism were removed, still the power of vision exhibited no further improvement. It was determined to act directly upon the eye by the employment of galvanic acupuncture, and frictions with the following wash two or three times a day applied in the neighbourhood of the affected organ: ℞.—Liquor ammon. vinos., ʒss; olei anthos et fœniculi, āā gtt. x; tinct. arnicæ mon., ʒij; spirit. angelic. compositi ʒjss. M. The patient, at the same time, taking the tinct. guaiaci ammoniata with an infusion of flor. arnicæ, sambuci et sem. fœnicul. Under the use of these remedies at the end of two months he was restored to the full possession of his sight.

4. A young man, of Lüersen, 27 years of ago, had been affected for nine months with amaurosis. As he approached us we were struck with the peculiarity of his gait, which appeared more like that resulting from a commencing lameness, than the usual gait of an amaurotic. He had light hair, and a delicate complexion. He particularly complained of a severe tensive pain of the forehead and temples, which often deprived him of consciousness, and was increased by the slighest noise. When the pain acquired a certain degree of intensity it brought on vomiting.

The patient's pulse was rather slow—upon a closer examination of his eyes, no perceptible motion of the pupil was discovered, it being unaffected by the admission or abstraction of light. The exposure of the eye to light, according to the statement of the patient, produced a sensation like that resulting from a flash of lightning; this photophobia was experienced even in the dark, notwithstanding his inability to distinguish day from night.

The patient was judged to labour under an amaurosis erethica, resulting probably from some disease of the brain or spinal marrow—as inflammation with exudation of the arachnoid membrane.

According to the account given by the patient his blindness had been caused by the repulsion of a furuncular eruption by exposure to wet and cold.

The patient was placed on low diet, and, locally, inunctions were resorted to; by these means the acute pain was removed, the photophobia remedied, the pupil rendered somewhat movable, and the patient enabled to distinguish, in faint outline, external objects.

No further improvement ensuing, in succession, electricity, strychnine applied endemically to the temples, and frictions with tartar emetic ointment to the neck, were resorted to. It being observed that the secretion of urine was very much diminished, with a view of augmenting the action of the kidneys, the administration of the tincture of cantharides was decided on—and in proportion as the secretion of urine was by this means increased, the power of vision augmented, so that in five months the patient's eyesight was entirely restored and his gait had become at the same time firm and natural.

5. A girl 9 years old, from Grohnde, of a scrofulous habit, had for a long time been affected with a scrofulous eruption, which finally extended to the head. This eruption was suddenly repelled by exposure to cold, after which by degrees her sight diminished, and she became at length completely blind, in which state she had continued for six months. The patient had the ordinary look and gait of an amaurotic. The pupil, although not very much dilated, was almost entirely insensible to light. As we could observe in or about the eye no other morbid

change, we concluded that the sudden suppression of the eruption on the head was alone the cause of the blindness. It was attempted, therefore, to reinduce the eruption by frictions with the croton oil to the head and neck, the patient taking at the same time, the oleum jecoris aselli with a solution of kalihydrojodinic, and an infusion of rad. enulæ et stipit. dulcamaræ. The effect of this treatment was altogether surprising, for no sooner did an eruption appear upon the surface, than the patient's power of vision was restored. The same treatment was continued for some time longer. At the end of two years, the girl continued in the enjoyment of perfect vision and good health generally

The following account of the extirpation of a somewhat uncommon morbid production within the eye, which Dr. Wuth denominates a *pseudo-morphosis iridis*, will no doubt prove interesting to our surgical readers.

Frederick Meyer, of Romeberg, had on the iris of the right eye a morbid formation, which extended in front of the iris like a thick rounded disk. It extended within the pupil to the ciliary band and on passing through the pupil into the anterior chamber of the eye, it expanded in such a manner as to cover and conceal the iris; forming a complete mechanical obstruction to vision. In form it somewhat resembled a mushroom; at the periphery of its upper expanded portion, the edge was bent inwards and downwards; while at the middle of its outer surface was an umbilicated projection. Its colour was the same as that of the iris, and from the centre to the circumference there proceeded slender rays of a lighter tint.

The patient stated that this morbid production had commenced to appear about four years previously, and supposed it to have been caused by a spark of fire flying into his eye—which caused instantly a severe pain that, at first, continued to recur periodically, but, subsequently, was incessant and attended with a sense of compression within the globe of the eye. He had had tincture of opium dropped into his eye, and had employed various ophthalmic salves and collyria.

The particular form of the morbid growth as well as its colour, rendered it probable that it was attached within by a small pedicle. It being decided to attempt its removal, an incision was made through the cornea, and a silken ligature was passed, by means of a peculiarly formed fine English needle, to which a small handle of cork was attached, into the opening through the cornea around the fungous growth, and then out again through the incision, thus including within a loop of the ligature the base of the tumour. It was believed, from the soft and delicate structure of the fungus, that when the ligature was drawn tight it would be separated from the iris: which proved to be the case. Soon after its separation the anterior chamber of the eye became filled with blood—and subsequently some degree of inflammation occurred which was readily subdued by an antiphlogistic treatment. The sight of the patient is entirely restored, and only a slight distortion of the pupil remains.

The fungus was of a fibrous structure and very vascular; it is to be included, according to Dr. Wuth, in the class of Telangiectasic growths.

The following case of *polypi of the frontal sinus* is one certainly of uncommon interest.

Frederick Lages, of Leweste, ten years of age, was brought to us by his parents in consequence of a disease of the eye, for which, as they stated, a great variety of internal and external remedies had been prescribed by various physicians.

The patient had been affected for a long time with severe pain of the head which had allowed him but few days or nights of quietness.

But the chief and most important affection under which the patient laboured, was a complete dislocation of the left eye, which was protruded so far forwards out of its socket as to be on a level with the ridge of the nose; externally it projected far beyond the outer edge of the malar bone, so as to destroy completely, on the left side, the natural outline of the face, and at the same time it was thrown so far downwards as to be on a level with the point of the nose. The patient for the last three years was unable to close completely over the dislocated ball the eyelids; the cornea and four lines of the sclerotica remained always exposed. The tears consequently flowed constantly down the cheek. The orbicularis muscle was morbidly developed in consequence, evidently, of the continued antagonism between it and the pressure of the eyeball outwards,—at the same

time by its grasping the latter with its circle of enlarged fibres it no doubt now tended to increase its projection.

Upon the cornea was a large deep ulcer which caused a speedy perforation of the coat of the eye, and an entire destruction of the organ to be feared. A convolution of very prominent varicose veins covered the visible portion of the conjunctiva.

The projection of the frontal and nasal bones on the affected side, seemed to indicate that the eye had been gradually protruded from its orbit, in consequence of the dimensions of the latter having become more and more contracted from the constantly increasing approximation of its upper towards its lower bony parietes. The left side of the nose was protruded forwards so as to form a surface level with the ridge, and when the finger was attempted to be introduced into the left nostril it experienced a firm resistance. The left eyebrow was separated from its fellow and depressed. The skin covering the brow was thickened and of a pasty feel; near the outer and inferior surface of the left eyebrow was a small opening, out of which, when pressure was applied in the neighbourhood, a whitish, slimy fluid was discharged.

It was stated that about 9 years ago the lad had been attacked with a disease attended with a red eruption upon the surface of the body, cough, and severe pain of the head—probably measles. That soon after this his present affection commenced and had gradually attained the height it now presented—the patient during its entire progress, suffering from almost constant pain of the head and loss of sleep. Notwithstanding there were great emaciation and a sallow colour of the face, the patient appeared to have possessed an originally firm constitution, which was still not entirely destroyed.

It being decided, after a close examination of the case, that the dislocation of the left eye and the other symptoms under which the patient laboured, were dependent upon the development of a polypus in the frontal sinus, an operation for its removal was agreed upon and performed as follows:—

A perpendicular incision was first made down to the bone, extending two inches from the root of the nose upwards, and then a horizontal incision of the same length over the eyebrows. The triangular flaps thus formed were next separated from the soft parts to such an extent as to permit the application of the trephine, by which, a portion of the bone being removed, the cavity of the frontal sinus was exposed. In the centre of the superciliary ridge there existed a small opening of scarcely one line in diameter, which communicated with the cavity of the sinus, through which the discharge of fluid already noticed had taken place; the soft parts surrounding this opening were in a state of chronic inflammation, swollen and puffy. From the enlarged state of the vessels at this part, a considerable hemorrhage took place. In consequence of the very great enlargement of the sinus, it was decided to make two openings by means of the trephine. The cavity of the sinus was found to be filled by a number of polypi, attached to each other like a cluster of grapes, and surrounded with a milk white fluid.

The greater part of the polypi were removed by the knife. After removing the slimy fluid by which they were covered by washing them in cold water, they were found to be of a bright yellow colour, and almost diaphanous, each polypus presenting two or three vessels which proceeded in the direction of its largest diameter, until they reached its free extremity, where they divided into an arborescent form. In the upper portion of the sinus the polpyi were of a gelatinous character, partly soft and easily crushed, and partly of a firmer consistence and of a cellular structure, from which a slimy fluid was discharged by pressure. In the centre portion of the sinus the polypi were thicker, firmer and opaque, posteriorly and on the walls of the cavity the polypi were of a fibrous structure. The difference in the character of the polypi was probably caused by the different periods of their formation. The sinus terminated at its inner and outer sides in smaller cavities, and a cellulated structure into which the polypi had penetrated.

The next consideration was the means best adapted to destroy the polypi which remained within the small cells of the sinus and upon its sides, without injury to the thin partition of bone by which the cavity was separated from the cavity of the skull. By a slight pressure of the fingers this could be bent inwards, and the pulsations of the brain were felt distinctly through it. It was even feared

that it would be destroyed by the motions of the brain, now that all resistance was removed from its outer surface by the opening of the cavity and the removal of the polypi. We abstained, therefore, from the use of caustic and all applications of a decidedly irritating character. The parietes of the sinus were sprinkled with a mixture of tinct. opii and acetat. plumbi in equal parts, and then covered with an ointment formed of unguent. zinci ℥j, kreosote gtt. x, spread upon charpie. An opening was made from the nostrils through the bony partition—the ethmoid cells, concha, &c.,—into the cavity of the sinus, and into this opening was introduced a silver canula, in order that a free discharge might be allowed to any fluid that might collect in the sinus. The discharge of the tears over the cheek caused by the obliteration of the lachrymal canal was prevented by forming a new channel at the usual place, and introducing a canula. So soon as this new artificial channel for the tears, as well as that between the sinus and cavity of the nose, was so far perfected that the canula could be removed, and from the appearance of the parietes of the sinus we were convinced that there was no reason to fear a new formation of polypi, the opening made through the frontal bone was allowed to close, which it did within one year from this period; when the morbid distension of the sinus was very considerably reduced and the eye had partly returned within the orbit. The ulcer of the cornea had quickly cicatrized after the operation, leaving a leucoma which had evidently become diminished in extent—the sight of the patient is much improved, and the deformity of his visage considerably lessened. The patient during the whole period of cure took no medicine whatever internally. The night after the operation he enjoyed a long, profound sleep, the first he had enjoyed for many years. The first six weeks were passed pretty much in sleeping and eating, in consequence of which his strength and vigour rapidly improved, and the nutrition of his system was perfected. After this period, we saw the patient every six months, and found each time the deformity diminished, so that probably it will finally be almost entirely removed.

By the foregoing case the following physiological and pathological positions are established.

1st. The possibility of the power of vision continuing notwithstanding the optic nerve has been subjected to a gradual stretching and consequent elongation.

2d. The enormous distension in every direction, of which the frontal sinus is capable, so that, as was the case in the present instance, its cavity may become large enough to contain more than three hens' eggs.

3d. Its capability of again returning, when the distending cause is removed, to very nearly its normal dimensions.

4th. That the complete division of the supra-orbitar and frontal nerves is not destructive of the power of vision.

5th. That the presence or absence of pain, a fact which has been heretofore in a great measure overlooked, is not to be considered a pathognomonic sign of the malignant or non-malignant character of a tumour; this is proved also by the painful character of many indurations of the mammary and other glands, which, when left to themselves, spontaneously disperse.

The following is an account of an adhesion, formed by the interposition of a psuedo-membrane, between the eyelids of the right eye.

This uncommon form of adhesion, of which a drawing is given, occurred in a girl seven years of age; it was consequent upon a scrofulous inflammation of the eye, and concealed when the lids were unclosed nearly the whole anterior portion of the ball, the inner canthus being the only part uncovered by it. The membrane adhered only to the edges of the two lids, the globe of the eye moving freely behind it. It had a soft elastic texture, and upon the closing of the eyelids, it contracted like a stretched portion of gum caoutchouc, so that when the eye was closed there existed an empty space between it and the membrane. In its contracted state, it felt soft and pliable. When the eyelids were unclosed, numerous decussating fibres, elevated above the surface of the membrane, were seen to pass from the edge of one lid to that of the other; its external surface was likewise beset with numerous serpentine vessels, while its inner surface was smooth like the conjunctiva, but reddened by the presence of numerous small blood-vessels.

The membrane was removed by dividing it by means of a scissors close to

the palpebral edges. There was but little hemorrhage, and this was soon arrested by cold compresses. The aqua saturn. with tinct. opii was applied subsequently. We found upon its removal that the pseudo-membrane proceeded from the conjunctiva and, in the opinion of Dr. Wuth, was similar in its character to that which forms on the conjunctiva the appearance denominated *pannus;* the difference in character resulting from the action of the eyelids, to the influence of which, from its position, it was constantly subjected.

The following case of *artresia ani* is interesting from the complete success attendant upon the operation that was performed to remedy it.

A female child, four years old, was affected with a congenital absence of the anus, the rectum terminating in the vagina. After the first year, in consequence of their increased consistence, the passage of the feces was attended with difficulty. An operation had already been attempted by another physician, but without any benefit to the child. Dr. Wuth passed a bent hollow sound from the vagina into the abnormal opening of the rectum, and upon this he divided, with a bistoury, all the soft parts between it and the vagina, down to the spot where the natural termination of the rectum should be; the rectum was now dissected from the posterior parietes of the vagina, so that its divided edges could be attached to the lower end of the incision; the parietes of the vagina were now brought together by means of four sutures, a thick gum elastic bougie was introduced and retained for a long time, at the same time cold water was frequently injected. A complete cure was in this manner effected.

The following is an instructive case of prolapsus of the ciliary body and iris.

A lad, seven years old, was struck in the eye with a stone, and in consequence of the injury thus produced, had been eight days under the care of another physician. When seen by Dr. Wuth, the cornea and sclerotica of the left eye were torn open from before backwards, and through the wound there projected a portion of the ciliary body and the greater part of the iris. The wound was about half an inch long. The iris was so far prolapsed that the pupil was drawn between the edges of the wound. The form of the eye was altered in consequence of a partial collapse of the ball. The lower half of the anterior chamber was filled with pus. The treatment pursued was to apply, every third and fourth days, leeches alternately behind the two ears and to the eye. At the same time during the day compresses were applied to the injured organ, and kept wet with the following mixture: ℞.—Zinci sulphurici ʒj; plumbi acetici ʒiij; extr. herb. belladonnæ ʒss; aq. fontanæ ℥j.—M. In the evening unguent. hydr. ciner. with extract. belladonnæ was rubbed in. The patient took at the same time digitalis with cooling salts. By the continued use of these means the prolapsus of the ciliary body and iris gradually diminished and finally disappeared: the wound in the cornea and sclerotica cicatrized, and the eye regained its normal form. The pupil, behind which a cataract existed, although still somewhat distorted, regained in a great measure its normal form. The cataract became in time absorbed. Having repeatedly met with this species of cataract following injuries of the eye and found it very generally to be spontaneously removed, the capsule of the lens being usually torn and the lens dislocated, we therefore always wait a long period before proceeding to an operation. In the course of time the pupil became so much contracted that the sight was almost entirely destroyed; we therefore subsequently formed an artificial pupil which fully answered our expectations, inasmuch as by it the patient was restored to very perfect vision.

Many of the other cases contained in the volume before us are equally interesting with the foregoing; we shall, however, close our notice with the translation of the following.

An old man, 71 years of age, had suffered for nine months from a severe pain in the region of the bladder, which commenced every morning at three o'clock, gradually increased in intensity until 10 o'clock, after which it began to decline and ceased about noon. The pain when at its height was so intense as to cause the patient to utter the most plaintive screams and to throw his body in every direction. Upon examination it was ascertained that there existed no stone in the bladder. The patient previously to the occurrence of these paroxysms of pain had been affected with an itchy eruption upon the perineum. He had taken a great number of remedies without the least benefit. The patient was much emaciated,

and so great were his sufferings that he declared he would rather die than endure them any longer. Following the maxim that severe diseases demand severe remedies he was ordered to take two teaspoonfuls four times day of the following mixture: ℞.—Opii, rad. ipecacuanhæ, āā ℈j; camphoræ ʒj; mucil. gum. acaciæ, syr. amygdal., āā ʒj; infus. rad. valerian. ʒvj.—M. By the use of this mixture for several days, the paroxysms of pain were greatly diminished in intensity, and by its continuance for a longer period they were entirely removed. The patient never exhibited any symptoms of narcotism, notwithstanding he continued the use of the above mixture daily for nearly three months.

Rauccdo.—A female, 30 years of age, had for four years experienced a degree of hoarseness that almost amounted to aphonia. According to her account she had taken, during one of her confinements, a mixture containing elix. acid. Haller., which caused immediately a severe pain in the throat, succeeded by hoarseness, which, notwithstanding all the means that had been prescribed for its removal, had continued ever since. Such a variety of remedies both internal and external had been tried in her case without the least effect, that she had almost lost the hope of being benefited by any further treatment. Indeed, the long standing of the disease, the entire absence of pain, and the failure of all the means previously employed, afforded but little prospect of the voice being again restored—as the presumption was that some organic change had taken place in the vocal cords. Nevertheless a trial was made of the effects of the extract of conium in combination with calomel and sulph. aurat., the patient at the same time being placed on a diet of milk whey. Under this treatment, at the end of six months the voice of the patient was fully restored. D. F. C.

Art. XVI.—*Principles and Illustrations of Pathological Anatomy; being a complete series of Coloured Lithographic Drawings.* By J. Hope, M. D., F. R. S., Physician to the St. Mary-le-bone Infirmary, &c. First American Edition. Edited by L. M. Lawson, M. D., Professor of General and Pathological Anatomy and Physiology, in Transylvania University. 8vo: pp. 359 text, 71 of description of plates and 48 coloured illustrations. Cincinnati and Lexington: 1844.

The republication of the pathological anatomy of Dr. Hope, with its illustrations, in this country, in a form and at a price which places it within the reach of every member of the profession, and which, at the same time, in its mechanical execution, does no discredit to the original, cannot fail to ensure to the American Editor and his enterprising publishers the sincere thanks of a large proportion of the students, as well as of the practitioners of medicine, throughout the United States.

The time has arrived when the importance of pathological anatomy, as the only certain foundation for a correct diagnosis and prognosis, is very generally acknowledged, and a disposition evinced by the teachers and members of the profession generally to encourage and facilitate its study and augment the mass of facts it already embraces.

There are few works better calculated to induct the student into a knowledge of the principles of this department of pathology, and to render him familiar with the leading morbid changes resulting from disease of the several internal organs and tissues, than the one before us. The descriptions of Dr. Hope are, in general, sufficiently lucid, while his pictorial illustrations communicate to the eye a very good representation of the lesions referred to in the text; at least sufficiently true to nature to cause them to be immediately detected in the dead body by any one familiar with the natural appearance of the different portions of the body, and possessed of sufficient skill to make an accurate necropsy.

The work of Dr. Hope treats first of the diseases of the respiratory system, under two divisions, 1st, lesions of the pulmonary parenchyma, and 2d, of the air passages. Secondly, of diseases of the heart; thirdly, of diseases of the liver, under two divisions, 1st, lesions of the parenchyma of the liver, and 2d, of the biliary apparatus; fourthly, of diseases of the alimentary canal below the diaphragm; fifthly, of diseases of the peritoneum; sixthly, of external cancer; seventhly, of diseases of the uterine system; eighthly, of diseases of the kidneys;